POSITION	INITIALS	ID NO	DATE
FEE DETERMINATION	MW		04-11-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Som	922	B(1101
RESPONSE FORMALITY REVIEW			1 1 1 1 1

INDEX OF CLAIMS

~	Rejected	N	Non-elected
=	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	Λ	Ohiected

_ (Thro ÷	ugh numeral) Canceled Restricted	A O	Appeal Objected	
Claim Date		Date		
		T T T T	Claim	Date
Final Agriginal	Final Original 7/26/24		Final	
	51 -		101	
2	51 ÷		102	-
3 1	53	 	103	
4	54		104	
5	55		105	
6	56	 	106	
7	57	 	107	
8	58	 	108	
9 1	59	 		-
10	60	+	110	
111	61	i 		
	62	+++++	111	
	63		112	
14			113	+
	64	 	114	++++++
15	65		115	++++++
16	66	+++++	116	
17	67		117	
18	68		118	
19	69		119	
20			120	
2:	71		121	
22)	72		122	
23	73		123	
24	74		124	
25	75		125	
26	76		126	
27	77		127	
28	78		128	-
29	79		129	
30	80		130	
(31)	81		131	
32	82	 	132	-1-1-1-1-1-
. 33	83		133	
34	84	 	134	- - - - - - - - - -
35	85		135	
. 36	86		136	
37	87	 	137	- - - - - - - - - - - - - - - - - - -
38	88	 	138	
(39)	89	 	139	
4011	90	 	 	-
		++++	140	
41	91	 	141	
(42)	92	 	142	
43	93	+++++	143	
44	94	 	144	
45	95	 	145	
46	96	 	146	
47	97		147	
48	98	+	148	
(ep)	99		149	
200	100		150	

If more than 150 claims or 10 actions staple additional sheet here

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